

CofC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application: Konrad GROB et al

Patent No.: 6,779,379 B2

Serial Number: 09/898,505

Issued: August 24, 2004

Filed: July 3, 2001

Confirmation No: 7658

Title: METHOD AND DEVICE FOR
VAPORIZATION INJECTION

Attorney Docket: 103245-45595

Customer No: 26345

Certificate
JAN 27 2005
of Correction

Decisions and Certificate of Correction
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION OF ENTRY
OF CERTIFICATE OF CORRECTION

Sir:

In response to the denial of entry of the Certificate of Correction dated November 18, 2004 (copy enclosed). We again submit the Certificate of Correction along with authorization to debit our Deposit Account 03-3839 in the amount of \$100.00.

Respectfully submitted,

Gibbons, Del Deo, Dolan, Griffinger &
Vecchione

By


Robert J. Hess

Attorney for Applicant

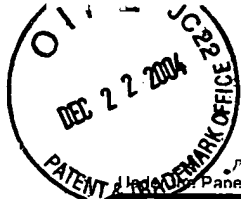
Reg No. 32,139

Tel No. (212) 554-9611

Fax No. (973) 639-8385

12/23/2004 GWORDOF2 00000004 033839 6779379

01 FC:1811 100.00 DA



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 100.00

Complete if Known

Application Number	09/898,505
Filing Date	July 3, 2001
First Named Inventor	Konrad GROB
Examiner Name	Patent 6,779,379 B2
Art Unit	
Attorney Docket No.	103245-45595

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 03-3839 Deposit Account Name: GIBBONS, DEL DEO, DOLAN,

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): CERTIFICATE OF CORRECTION

\$100.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,139	Telephone 212-649-4700
Name (Print/Type)	ROBERT J. HESS	Date December 20, 2004	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/898505-PAT 6779379B2	
	Filing Date	Issued: Aug 24, 2004	
	First Named Inventor	Konrad GROB	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	103245-45595

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. CERTIFICATE OF CORRECTION 2. REQUEST FOR RECONSIDERATION OF ENTRY OF CERTIFICATE OF CORRECTION 3. Copy of Communication dated November 18, 2004		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert J. Hess (Reg 32,139) Gibbons, Del Deo, Dolan, Griffinger & Vecchione
Signature	
Date	December 20, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Gina T. Cassar		
Signature		Date	December 20, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

PATENT NO. : 6,779,379 B2
DATED : August 24, 2004
INVENTOR(S) : Konrad GROB

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 1, line 14, please change "camber" to read --chamber--.

MAILING ADDRESS OF SENDER:

Gibbons, Del Deo, Dolan, Griffinger & Vecchione
One Riverfront Plaza
Newark, NJ 07102-5496

PATENT NO. 6,779,379B2

No. of additional copies

 0

This collection of information is required by 37 CFR 1.322, 1.323, and 1.324. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Attention Certificate of Corrections Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEB 03 2005



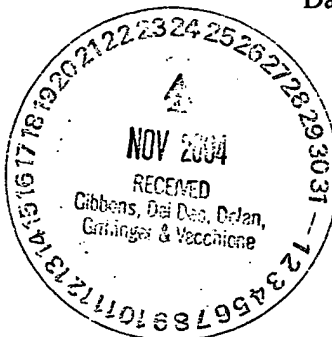
UNITED STATES PATENT AND TRADEMARK OFFICE

COPY

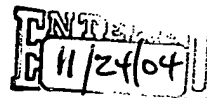
COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
P.O. Box 1450
ALEXANDRIA, VA 22313-1450

Date: November 18, 2004

Robert J. Hess
GIBBONS, DEL DEO. DOLAN
GRIFFINGER & VECCHIONE
One Riverfront Plaza
Newark, NJ 07102



Patent No: 6779379 B2
Applicant: Konrad Grob
Issued: August 24, 2004
Title: METHOD AND DEVICE FOR VAPORIZATION INJECTION



Request for Certificate Of Correction:

Consideration has been given to your request for the issuance of a certificate of correction for the above- identified patent under the provisions of Rule 1.322.

Respecting the alleged errors in claim 1, line 14 inspection of the application file reveals it is printed in accordance with the record. There being no fault on the part of the Patent Office, it has no authority to issue certificate of correction (s) under Unite States Code of Federal Regulation (C.F.R.) 1.322.

In view of the foregoing, your request in this matter is hereby **denied**.

Further consideration will be given upon receipt of a Request for Reconsideration, which should be directed to Decisions and Certificate of Correction Branch. Requests for Reconsideration should be accompanied by appropriate fee, which is presently \$100. Additional support (e.g. copy of amendments, post card receipts, containing requested data or changes) and/or brief statements of facts, as requested, along with corrected drawings may also be submitted.

A certificate of correction will be issued to correct the remaining errors mentioned in your request.

Virginia Tolbert
For Cecelia Newman, Supervisor
Decisions and Certificate of Correction
(703) 305-8309 or 305-1882

vt

TO: MPD On (note date): 02/03/05 Pat. No. 6779379

Team Leaders Initials

INFO SUPPLIED BY: TB
OAC/LDRC Initials

SECOND REQUEST (DIFFERENT CORRECITONS), SUPERSEDE OR RECONSIDERATION
(OAC OR LDRC, USE A RED PEN FOR COMPLETING INFO, ON THIS COVER SHEET) (11/2/002 cbn)

Team Leader, an Office Automation Clerk may assist you by supplying data from CofC Database (Current & History), PALM, and copies from Intranet, to determine type of request (second request, supersede, and/or reconsideration) and to determine if there were any errors made in decisions and/or publishing are attributable. Team Leader, check appropriate boxes below, key record (if necessary) and forward to JCWS, to order file and assign file to an LIE, to EXPEDITE.

Team Leader, DO NOT ORDER FILE.

↓ **MRD** (for request attached to this cover sheet): 12/22/2004 (Team Leader have LDRC, stamp same MRD on 1050s.)

S **File Charged to** (in PALM): _____ **Date Charged to Loc.:** ____/____/____

T **Information re most recent record in CofC database**(Check Current & History)

A **MRD:** 09/17/2004 Examiner (LIE's initials): VT

P **Date Assigned:** 11/18/2004 **Turned In:** 11/18/2004

L **CofC Issued:** ____/____/____ **CofC Denied:** 11/18/2004 **Updated:** Y / N **Date:** ____/____/____

E **Patent number listed on C of C listing in OG** ((circle one) Y / N

CofC Issued for this record is attached to patent on Internet ((circle one) Y / N

H **New/different correction(s) requested. Check Intranet or with RTIS.** ((circle one) Y / N

E ☐ **Duplicate** (same heading and corrections published/issued CofC on Intranet. ((circle one) Y / N

R ☐ **Substitute or corrected request. Locate the original request**(check with JCWS and RTIS).

E ☐ **Second Request** (another) requesting new/different corrections or additional corrections.

↑ ☐ **Status Ltr. and/or Outstanding Request**

TEAM LEADER, DO NOT ORDER FILE. If necessary, call attorney/applicant for assistance in determining if new/different corrections. Team Leader, key new a record on: ____/____/____.

Count with CofCs keyed rec'd same week, determine and note if "P", "R", or "RTC".

Mark through any corrections on 1050, that were appropriately published; or JCWS assign to: _____

☐ **Reconsideration** ☐ **Supersede** ☐ **Special CofC** ☐ **Erratum** ☐ **Expedite CofC**

Team Leader, determine if a Request for a Corrected CofC (Supersede) or Reconsideration, due to error in decisions or keying, attributable to (check the appropriate box, below):

☐ **RTIS**
Keying Error

☐ **LIE:** _____
LIE Processing or
Decision Error

☐ **OFFICE**
Error in Entry of Document
or Ex. Decision

☐ **ATTY.**
1.323 Consideration
or Petition Required

If errors are attributable to LIE, use guidelines for appropriately notifying the LIE and recording errors (make copies supporting that the LIE made error, attach copies to this cover sheet, keeping copies for your records, and forward copies to CBN, at the end of each month).

☐ **JW or OL, locate request for CofC published on:** ____/____/____ **and return to:** _____
(Circle OAC Initials)

☐ **Team Leader keyed record on on:** _____ ☐ **Post card Printed by Tasneem**
(Team Leaders, give all second requests to Tasneem, to print a post card.)

☐ **JCWS, order file, match paper (MRD)** _____ **and assign or reassign to LIE/to:** ____/LIE, see your Team Leader for assistance.

Comments/ Instructions: _____